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ABSTRACT

Summarized in this document are results from a survey conducted from 1975 to 1977 with parents, neighbors, and fifth-grade teachers as part of a needs assessment of Phoenix, Arizona, South Catchment Area children. A questionnaire consisting of 34 items, generated from studies reviewed in the area of children's behavioral symptoms and strengths, was administered to 70 parents, 54 neighbors, and 72 teachers representing different ethnic groups (Anglo Americans, Mexican Americans, Blacks, and others). Subjects were asked to judge how often certain behaviors occur in children and to determine which of the following specific judgments expressed their feelings: the behavior is a strength, a problem for worry or dislike, wrong, a matter of no concern, or none of the above. According to factor analysis and analysis of variance, respectively, results indicated that all subjects identified certain behavioral strengths and symptoms that occur frequently among children. The strengths were considered to be functional behaviors, while the symptoms were considered to be problematic. The following qualities were determined to be behavioral strengths occurring frequently in children: good-nature, rationality, cheerfulness, humor, poise, cooperativeness, intelligence, and clear thinking. The behavioral symptoms which frequently occurred were defiance, fighting, overactivity, little interest in doing things, and unmanageable behavior. Further results are discussed in terms of differences among subjects and ethnic groups in response to the survey items. A copy of the survey is appended, along with tables summarizing the raw data collected in the study. (MP)

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A NEEDS ASSESSMENT OF PHOENIX SOUTH CATCHMENT AREA CHILDREN: THE RESPONSES OF PARENTS, NEIGHBORS, AND TEACHERS

PS 012972

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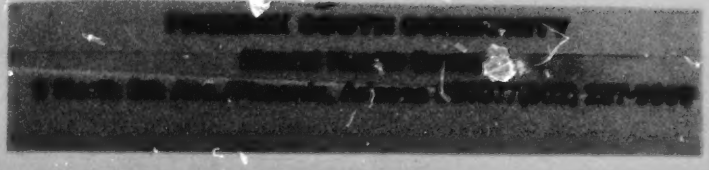

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ABSTRACT

Introduction

The Research Department completed a needs assessment of ten year old children in its catchment area. Parents, neighbors, and fifth grade teachers were asked how often children exhibit certain behavioral strengths and symptoms. The respondents were also asked how they feel about each behavior.

The community mental health center recognized that children in the Phoenix South Catchment Area were being significantly underserved. The Center initiated the study in order to provide data for the development and planning of behavioral health programs for children. A review of literature indicated the importance of the six to ten age period for behavioral development regardless of racial, ethnic, and socioeconomic factors, and ten year olds are considered to be at a turning point in development (Kagan, 1966; Kagan and Moss, 1962: Shechtman, 1970; Conners, 1970; Robins, 1966; Glidewell, 1969; Glidewell, Mensh, and Gildea, 1957; O'Neal and Robins, 1958).

Review of Literature

During the past 15 years, two national surveys of children have been conducted in this country.

The Foundation for Child Development (FCD) surveyed children and parents in a sample designed to be representative of nearly 18 million children. The study was intended to identify the overall environment in which children live (FCD,1977).

The FCD study indicated that many children live with moderately to severely distressed mothers (Children's Survey, 1977). Between 8-14% of the mothers reported they are very often nervous, depressed, on edge, or tense. The study reported between 5 and 6% of the children had been treated for some form of emotional, behavioral, mental, or learning problems (FCD, 1977). The number of children being given such help was an apparent 60% increase over figures provided by a Public Health survey completed in the 1960's (FCD, 1977; DHEW,1977).

Other findings of the FCD study indicated an overwhelming majority (90%) of children like the way they are and are happy about their schools. An equal proportion of mothers said they would have children again if given the choice and said having children had made their lives better. However, there were several children (15%) who were not wanted. These children were in poorer health, had more learning problems in school, and were more accident prone than were planned children (FCD, 1977).

The Public Health Service gathered information during 1963-1965 from parents ratings of their 6-11 year old children (DHEW, 1971). Nearly 7,500 children were selected as a representative sample of 24 million 6-11 year old children in the United States. This survey investigated early behavior development, sleep behavior, emotional development, eating habits, peer relations, traits, responsibilities, and use of leisure time.

Among results of this study were the following bits of information:

1. Nearly 22% of the children were hesitant to meet new children and to make new friends, whereas 45% were considered to be outgoing and to make new friends easily.

2. Peer relations were considered to be good for 96% of the children, but 4% had noticeable problems getting along with other children.
3. Nearly 26% were said to have experienced something seriously disturbing to them.
4. Around 17% were considered high strung, tense, or nervous (DHEW, 1977). The FCD study (1977) noted that less children today were described in this fashion.
5. Nearly 13% were considered to be hardly ever angry. However, more than 33% had occasionally strong tempers and over 17% had a frequently strong temper (DHEW, 1971). The FCD study (1977) noted that today's children were noticeably more likely to get angry and have temper tantrums.

The Research Department conducted an extensive review of literature (Balk, 1975) which focused on behavioral symptoms of children. This literature review focused on minority culture child studies, studies pertinent to lower socioeconomic level children, delinquency, majority culture child studies, and studies of general interest. Sixty-three behavioral symptoms were identified.

A second literature review identified 15 behavioral strengths (Gough, 1960; Gough and Heilbrun, 1971; Miller, 1967; Becker and Krug; Rorer, 1972). Strengths as well as symptoms were focused on because of the community mental health center's belief that certain behaviors ameliorate the influence of or prevent the development of behavioral problems. Recent research into "invulnerable children" has supported this belief. (Flaste, 1977).

Methods and Procedures

The reviews of literature were used to develop items for a needs assessment survey instrument. A Q-sort technique was used with twenty professionals familiar with the behavior of children in the catchment area. These persons ranked the 63 symptoms identified in the literature review according to how indicative each one was of behavioral problems for ten year olds in the catchment area. Eighteen behaviors were ranked consistently high by the professionals and were incorporated into the survey instrument. The 15 behavioral strengths were also included in the survey. These 33 survey items are provided in Table 1.

Parents, neighbors, and teachers were asked how many children exhibit each behavior: most or many of the children, some or a few, one or two, none, or I don't know. They were also asked how many specific judgments expressed their feelings about each behavior: the behavior is a strength, a problem for worry or dislike, wrong, a matter of no concern, or none of the above.

A stratified cluster approach enabled the Center to obtain a representative sample. A special city census conducted in 1975 provided data to compare the sample of parents and neighbors to the population of the area. Analysis of variance indicated the sample and population were nearly identical on such variables as ethnicity, sex, age, and number of persons in the household. Fifty per cent of the schools in each elementary school district were randomly selected, all of the fifth grade teachers in those schools were contacted, and 96% of those teachers completed and returned the survey instrument.

One hundred and ninety-six persons participated in the survey: 72 teachers, 70 parents, and 54 neighbors. These 196 subjects involved the following ethnic groups: Anglo 90, Mexican-American 41, Black 35 and Other 28.

Factor analysis and analysis of variance were two statistical procedures used to analyze the data. Factor analysis was used to determine whether items responded to by the teachers, parents and neighbors formed major intercorrelations. Analysis of variance was used to test whether 1) any ethnic differences were present in responses to items and 2) whether parents, neighbors, or teachers responded to items differently.

Results

Teachers, parents and neighbors said certain behavioral strengths and symptoms occur frequently. When they occur, the strengths are considered to be functional behaviors, and the symptoms are considered to be problematic. The behavioral strengths which frequently occur are good-natured, rational, cheerful, humorous, poised, cooperative, intelligent, and clear thinking behavior. The behavioral symptoms which frequently occur are defiance, fighting, overactivity, little interest in doing things, and unmanageable behavior.

Parents reported that they specifically were bothered by their children's disobedience, sensitivity, temper tantrums, poor social relationships, and school problems. Neighbors reported they dislike particularly children's property destruction, anti-social behavior, defiance, and lack of parental discipline. Teachers reported they find troublesome such children's behavior as difficulty getting along with other people and problems with learning.

On the other hand, parents said they specifically like obedience, responsibility, intelligence, and a sense of humor in their children. Neighbors said they like children who are respectful and get along well with others. Teachers said they like children who are friendly, cheerful, honest, work hard, and show interest in learning.

Some infrequently occurring behavioral symptoms concern the respondents. Specifically, parents are concerned when their own children even infrequently are depressed. Neighbors are concerned when children steal, even if infrequently. Teachers are troubled by overactivity, defiance, property destruction, and lack of friends.

When their own children only on occasion show signs of intelligence, parents believe the behavior is a strength. Neighbors and, as might be expected, teachers consider occasional signs of intelligence to be problematic. Teachers are also more likely to consider even occasional signs of assertive behavior to be "not wrong" rather than to be a strength.

Factor analysis identified four clusters. These clusters account for over 43% of the variance in response to all the survey items.

The first cluster, which has beennamed "Acting Out," accounts for nearly 25% of the variance in responses. Seven items comprise the cluster: destroying property, stealing, having trouble getting along with adults at school, bothering and annoying other people, fighting with other children, becoming unmanageable, and being nervous. All but the last item clearly indicates anti-social behavior. The presence of nervous behavior among these six other items might be readily explained. For instance, children who typically behave in ways described by the first six items likely have deficits

in interpersonal relationships. Such deficits generally seem to accompany or influence a greater than average level of anxiety.

The second cluster, which has been named "Social Skills," accounts for slightly more than 8% of the variance. Four items comprise the cluster: enjoying praise or thanks from other children, expressing affection or friendship, having a sense of humor, and being able to be trusted with responsibilities.

The third cluster, which has been named "Depression," accounts for over 5% of the variance. Four items comprise this cluster: inability to do one thing for a length of time, crying spells, little interest in doing things, and sadness. The last three items are all associated with depressed moods; the first item, inability to do one thing for a length of time, would seem to be related to overactivity, not depression. However, depressed children may so concentrate on their sadness that they have no energy to focus on anything else.

The fourth cluster, which has been named "Interpersonal Skills and Deficits," accounts for 5% of the variance. Two behavioral strengths and two behavioral symptoms comprise the cluster; the strengths correlate positively, and the symptoms correlate negatively. The items are: knowing right from wrong, playing well with other children, frightening other children, being defiant. When children exhibit the first two behaviors, they do not exhibit the latter two; however, when they frighten other children or act defiantly, children are not perceived to know right from wrong or to play well with others.

Analysis of variance revealed some significant difference in responses to survey items. Ethnic differences are noted in Table 2 and 3. Differences between parents', neighbors', and teachers' responses are noted in Table 4.

Discussion

Table 2 indicates that Anglos appeared more inclined than other ethnic groups to call a behavioral symptom a problem for worry or dislike. Anglos were the only ones to call some behavior wrong. Neither Blacks, Mexican-American, nor other ethnic respondents called any behavior problems wrong in contrast to what other groups said. In fact, Blacks said expressions of what this community mental health center labeled "Defiance" were not a problem, whereas other groups did judge such behavior to present problems.

The major finding represented in Table 3 is that Mexican-Americans, in contrast to other groups, typically perceive that less children exhibited certain behavior strengths. The author considers this to be a matter for consideration because it may signal some cultural/ethnic differences to which the helping professions need sensitivity.

The differences noted between parents, neighbors, and teachers in Table 4 are worth considering on at least two counts:

1) the number of differences present

2) the perceptual differences present

Significantly different responses occurred on 53% of the items. The conclusion seems obvious: three groups of adults who are significant in children's lives do not agree regarding the presence or absence of many behaviors which signal behavioral difficulties or strengths. There is no clear pattern for agreement or disagreement. For instance, it is not the case that teachers and parents predominantly agree with each other and disagree with neighbors. The groups agree with each other in the following manner:

Teachers and parents - five times

Teachers and neighbors - six times

Parents and neighbors - four times

It is not possible, therefore, to say the differences are attributable to persons who are with the children more often than are others (that is, parents and teachers in contrast to neighbors) or attributable to persons who would be less likely to be defensive about a child's behavior (neighbors and teachers in contrast to parents).

The types of items on which the groups agree indicate some perceptual differences regarding children's behaviors. Table 5 indicates the types of behavior on which the groups are inclined to agree.

There are points for dicussion regarding Table 5. For instance, what is influencing neighbors and teachers to agree with each other but not with parents only on symptomatic behavior? What is influencing parents and teachers to agree overwhelmingly on strengths? Do the children act one way at home, another way in the neighborhood, and another way at school when such behaviors as expressing appreciation, frightening other children, or defiance are concerned? Would parents be likely to listen to neighbors or teachers when the topic involves such symptomatic behaviors as property destruction, stealing, or trouble getting along with other children? Would neighbors believe teachers or parents regarding children who are able to be trusted with responsibilities? How are people to determine whether frequency of behavior is more in the eyes of the respondent rather than in the repertoire of children? All in all, are we to say neighbors are harsher on children, more perceptive regarding children, or simply in different life situations than parents and teachers?

The review of literature (Balk, 1975) linked certain behaviors with specific behavioral problems. It is clear from previous research studies (Glidewell, 1969; Kellam, Branch, Agrawal, and Ensminger, 1975; Robins, 1966; Conners, 1970; Glidewell, Mensh, and Gildea, 1957) that behavioral disturbances become more likely in proportion to the number of symptoms present in a child.

Symptoms most frequently reported by parents and neighbors are defiance, little interest in doing things, unmanageable behavior, acting out, over-activity, and trouble with feelings. Teachers identified several behaviors which occur frequently and are problematic. Among these behaviors are little interest in doing things, trouble with feelings, overactivity, defiance, and unmanageable behavior.

The authors mentioned above, as well as Stoker and Meadow (1974), Schectman (1970), and O'Neal and Robins (1958) have reported what behavioral problems these symptoms seem to accompany or influence in children. What we need to know is how many of these symptoms are present in particular children. Glidewell (1969) reports most favorably on the predictive power of multiple symptoms. What Glidewell found and which is of direct importance for this study is that mothers' reports about symptoms, when linked to teacher ratings of level of adjustment, have high reliability in identifying disturbed children.

It seems profitable to implement systematic approaches which would combine teacher and parent reports as means to identify children in the early stages of maladjustment in order to intervene with their problems. An area for consideration by planners might be how to expand use of both school and home resources in the delivery of direct and indirect services to children.

There is a close agreement among parents, neighbors, and teachers about the frequency of occurrence of behavioral strengths. There is not always

agreement about the evaluations given these behaviors. Neighbors prize certain behaviors (e.g., social behavior and clear thinking) above others (e.g., responsible and intelligent behavior) which are highly regarded by parents. Teachers are more inclined to prize responsibile, good natured, cheerful, and intelligent behaviors above assertive, clear thinking, and cooperative behaviors.

We do have confirmation from three sources (parents, neighbors and teachers) that specific children's behaviors are liked. It is probable that such behaviors could be fostered to replace behaviors which are disliked. One of the means to foster such behaviors would be through parent and teacher workshops where such skills as contingency management could be taught.

It is important to determine the behavioral strengths present in children who live in stressful environments. Stress in these environments can arise from poverty, child neglect and abuse, parental discord, racism, etc. These environments seemingly militate against behavioral strengths and lead one to expect behavioral disturbances. However, as Flaste (1977) points out, research has begun to identify children whose functional behaviors have surprised investigators. Accurate assessment of these "invulnerable children" would require sensitivity to and understanding of the experiences of persons from cultural, ethnic, and socioecomonic backgrounds often different from those of the investigators.

Introduction

Children and youth comprise about 35 per cent of the Phoenix South Catchment Area residents. Research Department studies conducted over the past two years demonstrated that children and youth comprise less than 10 per cent of the Center's caseload (Wignall, 1975; Balk, February, 1977).

These data about disproportional services to children prompted Center administrators and clinicians to take steps to increase children and youth services. One step was to conduct a needs assessment of children. Information gathered would assist the Center to develop, plan, and assess behavioral health programs for children.

This document synthesizes the needs assessment project, which took nearly two years to complete. The project involved three phases: a review of literature (Balk, 1975), a survey of parents and neighbors (Balk, 1976), and a survey of fifth grade teachers (Balk, 1977).

Review of Literature

Pertinent research studies were reviewed in order to develop a survey instrument. This review focused on behavioral symptoms and on behavioral strengths.

Much of the material on childhood behaviors focuses upon behavioral symptoms or disturbances. Little attention seems to have been given to behavioral strengths; neither the identification nor promotion of such behaviors seems to have concerned most authors other than those interested in behavior modification procedures (cf. Blackham and Silberman, 1975). The focus on behavior disorders of children does indicate the growing belief that early identification of and intervention with behavior problems will assist in the prevention of chronic and/or acute psychological problems.

The National Institute of Mental Health (NIMH) is an influential supporter of research regarding the mental health of children. NIMH has identified seven major areas of childhood behavior for research: learning disorders, antisocial behavior, prevention and treatment of antisocial behaviors, childhood psychoses, infantile autism, childhood schizophrenia, and regressive psychoses (NIMH, 1975).

These seven research topics identify behavioral problems, not behavioral strengths. However, one of the major recommendations NIMH makes regarding research on child mental health is support for longitudinal research which uncovers the factors that seemingly prevent children in high-risk groups from developing psychiatric disorders (NIMH, 1975). It seems likely that such research would uncover strengths, viz. behaviors whose presence alleviates or prevents the influence of symptoms and promotes favorable consequences in development.

Research by NIMH and large universities regarding children at high risk of severe behavioral disorders has quite unexpectedly uncovered the existence of some children who thrive despite stressful lives and environments. These children would normally have been targeted as high risks due to poverty, profound bereavement, pain, severe family discord, or other excessive stress. However, they perform well in school, become effective leaders, and succeed despite expectations of others for them to fail. Researchers are calling them "invulnerable children" and are attempting to uncover what enables these children to thrive (Flaste, July 25, 1977).

The researchers admit that this emphasis on "invulnerable children" is a new area of investigation for them. Traditional training has focused upon illness and symptoms and has not prepared investigators to identify health and strengths.

The new researchers admit that they are at a loss to explain why some children are resilient whereas others are not. Some reasons which have been offered include substitute parents, hidden family strengths, problem-solving ability, and innate intelligence. However, one of the researchers says that so far nothing for sure is known in this field of study.

In fact, the ignorance regarding these invulnerable children's qualities is balanced by some researchers' cautions that the children may be paying a price no one has eyes to see or which no one yet understands. For instance, one researcher wonders whether these children respond to stress in a manner similar to that of children who have experienced disasters, such as the bombing of Hiroshima. Those children placed a "psychological distance" between themselves and the catastrophe. The question raised is whether such coping mechanisms develop into later difficulties, such as problems with being intimate.

All in all, one researcher summed up this interest in invulnerable children with the following illustration. Three dolls, one of glass, one of plastic, and one of steel, are hit by a hammer. The first breaks, the second is marred, and the third produces a resonant, metallic tone. "It's that sound," the researcher said, "that we're all trying to investigate" (Flaste, July 25, 1977, 14).

National Surveys of Children's Behaviors

Two comprehensive studies of children in this country have been completed, one by the Public Health Service (DHEW, 1971) and one by the Foundation for Child Development (1977). The latter study will be presented first.

The Foundation for Child Development (1977) surveyed more than 2,200 children (ages 7-11) and more than 1,700 of their parents. The sample was designed to be representative of nearly 18 million American children. The study was intended to identify the overall environment in which children live e.g., their family lives, friends, school, health, neighborhood, perceptions, feelings, attitudes, and values. Children were individually interviewed. Some highlights of the study are given below.

1. Today's children appear markedly more prone than their predecessors to get angry and to have temper tantrums.

2. About 55% of parents agreed that children should be taught to think for themselves, even if they do something their elders disapprove of.

3. Forty-five per cent of parents believed children should be taught by their elders to do what is right.

4. Eighty-five per cent of the parents said their own mothers and fathers would have subscribed to more dogmatic approaches to child-rearing than they did.

5. A substantial majority of grammar school age children (80%) feel good about themselves and their lives.

6. Ninety per cent agreed with the statement, "I like they way I am," and an equal proportion indicated that they are happy about their schools and their families.

7. Ninety per cent of the mothers said that they would have children again, if they had to do it all over.

8. More than 90% of the mothers said having children had made their lives better or made them better persons.

9. Nearly 15% of the children were not wanted. They were in poorer health, had more learning problems in school, and were more accident prone than were planned children.

10. More than 16% of the Black children interviewed said they feel lonely a lot of the time.

The survey did have some rather alarming news about children's fears. For example,

1. More than 40% of the children said that they had been bothered by other children while playing outside.

2. More than 40% of the children said that they had been bothered by adults.

3. Thirty-three per cent said that they had been physically threatened.

4. Thirteen per cent said that they had actually been beaten up.

5. Twenty per cent live in neighborhoods where, according to their parents, undesirable persons such as tough older children, drunks, or drug addicts live.

6. Over 15% live in areas described by parents as troubled by crime.

7. Mexican-American children and children from families with incomes of less than $5,000 a year fear going outside more than do other children.

The Foundation for Child Development called these data about the large number of children who fear violence and crime to be "perhaps the most disturbing finding in the survey" (FCD, 1972, 2).

The survey included information about the children's families. For instance,

1. Ninety per cent of the children indicated they feel happy about their families.

2. The great majority (no percentage given) believe their parents are proud of them.

3. More than 80% said they worry about their families.

4. In families whose mothers described the marriage as unhappy, nearly 100% of the children said they worry about their families.

5. More than 50% living with both parents are afraid when their parents argue.

6. Almost 50% are angry when ignored at home.

7. Children from unhappy marriages are three times more likely to have gotten into a fight at school recently than are children from happy marriages.

8. Children whose parents are currently separated are more likely than other children to have had a fight at school recently.

9. Children of never married mothers expressed being lonely and wanting more attention from their mothers.

10. Approximately 17% of the children said their parents are inconsistent at best in making them follow rules.

The survey included some information about how children are rewarded and punished for behavior.

1. About 75% receive verbal praise.

2. Over 66% say they are hugged or kissed.

3. Almost 66% say they are given something special, for example, ice cream or a toy.

4. Over 40% get money.

5. Eighty per cent are yelled at when they are being punished.

6. Around 67% get a spanking.

7. Sixty per cent are sent to their rooms or in some way isolated from other people.

8. Over 50% are forbidden to play with friends.

9. Around 45% are forbidden to watch T.V.

10. About 6% said their mothers make fun of them.

11. Three per cent reported their mothers tell them, "I don't love you."

In the survey, neighborhoods could be described as a very good place, pretty good place, or not so good place for children to grow up.

1. Less than 33% of the children described the neighborhood as very good.

2. Nearly 60% of the parents described the neighborhoods as very good.

3. The major recommendations from children for improving neighborhoods were more and better places to play and less problem behaviors and crime on the part of neighbors.

A number of questions were asked about school.

1. Seventy-five per cent of the children said they like school.
2. About 10% said they hate school.
3. More than 67% said they worry about tests.
4. Almost 67% feel ashamed about making mistakes at school.
5. Over 50% feel discouraged at times about their ability to learn.
6. Nearly 50% are angry when learning proves difficult for them.
7. Over 10% said they had gotten into a fight at school within the past week. (More than 70% of these children were boys).
8. Over 50% said the children in their class fool around a lot when they should be listening.
9. Barely 50% of the parents said their children were learning very much and doing well in school.
10. Nearly 20% were said to be not learning enough and not doing well in school.

Questions were asked about the mental health of children.

1. More than 67% of the parents described the children as very enthusiastic and interested in many things.
2. More than 50% were described as considerate of others, helpful, and polite.
3. Nearly 5% received some sort of professional help in the past year for an emotional, behavioral, mental, or learning problem. This generalizes to more than 800,000 7-11 year olds nationwide.
4. Nearly 3% had seen a psychologist or psychiatrist in the past year.
5. Nearly 6% had received psychological counseling or psychiatric care at the same time, an apparent 60% increase in such visits as reported in the Public Health Survey conducted from 1963-1965 and reported below.

T.V. was shown to play an extremely large role for the children in the formation of values. For example, they are gaining values such as materialism, greed, and vulgarity, quite apart from the influence of violence on T.V. Nearly

25% of the children expressed fear of T.V. programs with fighting and gun shooting. More than 33% said they can watch whatever T.V. program they want whenever they desire.

Finally, some findings that related to the home environment for these children. More than 25% of the children surveyed live in families which make less than $10,000 a year. Sixty-seven per cent of these children were Black. Fourteen per cent of the mothers reported being nervous, tense, or on edge very often. Four per cent of the mothers feel depressed, sad and blue very often. Eight per cent of the mothers feel worn-out, tired, and exhausted, all or part of the time. The survey director concluded that "a lot of kids are living with mothers who are fairly severely distressed" (Children's survey, 1977,7).

The Public Health Service gathered information from parents' ratings of their 6-11 year old children's behavior (DHEW, 1971). The information was gathered in surveys conducted during 1963-1965, and thus may not be fully representative of the current behavior of children in this country. Nearly 7,500 children were selected as a representative sample of 24 million 6-11 year old children in the U.S.A. The sample closely resembled the total child population on such demographic variables as age, sex, race, socioeconomic class, and geographic region. Items investigated included early behavior development (e.g., walking, talking), sleep behavior (e.g., sleeping arrangements at home, indications of disturbed sleep, and usual bedtime), eating habits, (e.g., amount eaten, selectivity, or fussiness over food), peer relations (e.g., number and age of friends, parents' knowledge about friends, ability to get along with other children), emotional development (e.g., traumatic experiences, fear of the dark), traits (e.g., degree of tension, degree of temper

control), responsibilities (e.g., tasks, pets to care for), organized activity (e.g., special classes in school, clubs or groups), and use of leisure time (e.g., watching T.V., reading, playing with friends).

Early Behavior Development

Forty-eight per cent of the children were reported to have begun walking by themselves prior to their first birthday. By a year-and-a-half, over 95% were walking by themselves.

Language development almost paralleled motor development. Approximately 46% had begun to talk by their first birthday, and 91% by their first year and-a-half.

Sleep Behavior

About 25% of children between 6 and 11 slept alone and in a separate room. These findings were similar for boys and girls.

Twenty-seven per cent of the children were reported to have sleep affected by T.V., radio, or movies. The findings for boys and girls were practically identical in this regard.

Few children (less than 2%) had sleep frequently disturbed by unpleasant dreams; nearly 42% had sleep disturbed sometimes by such dreams. More than 50% had never had unpleasant dreams disturb their sleep.

Sleepwalking is an uncommon occurrence, with less than 1% of the children reported to have done so frequently. Approximately 9% had walked in their sleep at some time.

Nearly 20% of the children age 6-11 caused their parents considerable difficulty for an extended period of time when it was time to go to bed. No age or sex differences were found for this difficulty. Parents of more than 12% of the children had considerable difficulty over an extended period of time in getting their children to go to sleep. There were no significant differences regarding the sex of the children with this problem; however, by age 11 2%-3%

more children were giving parents problems about getting to sleep.

Eating Habits

Nearly 10% of the children regardless of sex in this 6-11 age range were said to eat too much, whereas 14% were said to eat too little. Girls were considered to be eating too little much more than were boys.

Approximately 7% of children age 6-11 were considered fussy about food. They refused to eat many kinds of food. Fussiness seemed to decrease as the child got older.

Nearly 90% of the children ate at least 2 meals per day with their families. Less than 1% did not regularly eat any meals with their families.

Peer Relations

Over 15% of the children were reported to have many friends, and over 46% were reported to have a good number of friends. Boys and girls were not different in this regard. However, age differences did matter. As children got older, there were less children with only a few friends.

Nearly 80% of the parents said they knew all, almost all, or quite a number of their children's friends. They knew these children's names and faces. The sex of one's children was found to make little difference regarding parents' knowledge of their children's friends.

Nearly 22% of the children were hesitant to meet new children and make new friends. This hesitancy slightly decreased with age. Girls were somewhat more likely to be hesitant than were boys. Over 33% of the children were considered to be above average in willingness to make new friends and meet new children. Approximately 45% were considered to be outgoing and to make new friends easily.

Forty-six per cent were rated as having no problems getting along with other children, and 49% were rated to get along as well as most children. Around 4% were said to have noticeable problems getting along with many children. More boys than girls, although not significantly so, were reported to have peer relation problems.

Emotional Development

Nearly 26% of the children were said to have experienced something seriously disturbing to them. No sex differences were reported. The survey did not attempt to classify these experiences because the reports varied extensively and at times were imprecise.

Nearly 98% of the children were said never to have run away from home. About 1.5% had run away once, 0.2% twice, and 0.1% three times or more. Sex differences were not present, and nine and ten seemed the ages children were most likely to run away.

Fear of the dark appears to be sex-related, although at age 6 and 7 no sex differences were present. By age 11, more than 14% of the boys were reported to fear the dark whereas over 20% of the girls were so rated. The fear is age-related as well as sex-related. From age 6 through 11, a 14% decrease is reported for boys afraid of the dark, and a 7% decrease is reported for girls.

Bed-wetting was a problem for slightly more than 15% of the children. The percentage decreased markedly with age (21% at age 6 to 10% at age 11). Boys were more likely than girls to wet their beds, and boys were likely to have the problem more frequently.

Traits

Around 17% of the children were considered high strung, tense, or nervous.[1] Nearly 28% were considered moderately tense. Nearly 9% were considered calm. Sex and age differences were not present.

Nearly 13% of the children were considered to be hardly ever angry. Thirty-six per cent were said to have a mild temper. Over 33% had an occasionally strong temper. Over 17% had a frequently strong temper. Boys were more likely than girls to be seen as having strong tempers which they lost easily. Boys were also seen to have occasional shows of temper more than were girls. Girls were more likely to have hardly any temper.

Responsibilities

More than 33% of the children (boys and girls) had three or more household tasks. There were some 20% with no tasks. As would be expected, the number of tasks increased with age.

Nearly 50% had a pet, and boys were more likely than girls to have a pet. Over 37% cared for these pets. As their age increased, more children were given responsibility to care for their pets.

Less than 23% of the children spent time away from home when their parents did not know where they were. Boys were much more likely than girls to spend time away from home without their parents' knowledge. As their age increased, boys were more likely than girls to increase time away from home without parental knowledge of their whereabouts.

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[1] "The proportion of children described by parents as 'high strung, tense, or nervous' has decreased" according to the FCD study (1977, 16).

Organized Activity

Nearly 43% of the children took part in some form of organized activity such as music lessons, dance classes, or athletics.

More girls belonged to organized activities than did boys; this finding held true except in the area of athletics.

Use of Leisure Time

Almost 50% were reported to spend 2 hours a day watching T.V. Around 22% spent some time listening to the radio, and half did so for less than 1 hour. More children were likely to read than to listen to the radio; however, only 40% of children age 6-11 spent their free time reading. As their age and reading skills increased, more children (66% by age 11) spent some free time reading.

The typical free time activity was playing with friends. Nearly 90% of all boys and girls, age 6 spent at least half an hour each day playing with friends.

Studies About Behavioral Symptoms of Children

The Research Department conducted an extensive review of literature pertinent to a needs assessment of children between the ages of 5 and 12 (Balk, 1975). This literature review preceded the identification of survey items to be asked of parents, neighbors, and teachers. It became clear to the author that very little is being written about behavioral strengths and that almost all attention is being given to behavioral symptoms. Abstracts from the review of literature have been included in this report.

Minority Culture Child Studies

Material in this section reviews literature whose data provide research information concerning children of minority cultures. One author (Conners, 1970) has researched variables which significantly differentiate patients in child guidance clinics from children considered relatively untroubled. Those identified as troubled children exhibited sleep problems,muscular tension, fears and worries, wetting, complaints of physical symptoms, overassertion, problems making friends, problems with siblings, problems keeping friends, restlessness, temper,lying, stealing, fire-setting, school problems, and sex problems. Certain variables significantly differentiated lower socioeconomic from middle socioeconomic level children: problems with siblings, psychosomatic complaints, lying, overassertion, problems making friends, and muscular tension.

Researchers (Kellam and Schiff, 1967; Schiff and Kellam, 1967; Kellam et al, 1975) in Woodlawn, a Black, poverty area of Chicago, worked with teachers to identify adaptive and maladaptive behaviors in children. They identified five tasks considered adaptive and discovered that teacher ratings were closely related to independent clinical assessments made of the children. For example, children assessed mentally ill early in the first grade had been consistently judged maladaptive regarding social contact, maturation, and overall adaptation. The researchers made favorable judgments regarding the predictive value of their approach and provided information regarding sex differences. They compared their work with that of Conners: the Woodlawn children more resembled Conners' control groups than the children in clinics. Kellam and his colleagues claim that racial, socioeconomic, and community

differences between the two areas of study (Chicago, Woodlawn district and East Baltimore) appeared to influence symptom variance.

Two authors (Herzog and Sudia, 1973) reviewed literature concerning the effects of fatherless homes upon children. They concluded that the evidence is unclear regarding a father's absence from the home and consequent mental illness of children. They believe that the family system of interacting is more likely to play a crucial role in a child's development that is the number of parents. They cautioned against blanket generalizations about the deleterious effects of such homes upon children. They maintained that most studies in this area have lacked comparison with control groups.

Three social scientists (Padilla, Ruiz, and Alvarez, 1975) present strong opinions about the inadequacy of mental health services for the poor. They focus on the Spanish-speaking surnamed poor whose culture is strikingly different from that of most therapists. They assert that poor English language skills, limited education, low income, depressed social status, little political power, and few effective and marketable skills severely hamper use of mental health care by the Spanish-speaking surnamed individuals.

Two investigators (Stoker and Meadow, 1974) studied case records of Mexican-American and Anglo-American children from three child guidance clinics in Southwestern cities. They present a checklist of symptomatic behavior, indicate that certain symptoms are culture-specific, and indicate that certain symptoms are sex-linked for Mexican-American children. Their findings show that diagnoses of these children remained similar regardless of the children's ethnicity. However, certain behaviors are shown to be problematic for

Mexican-American children. Culture-specific problems included agitation, crying spells, and depression among Mexican-American children, and academic problems, anxiety, and poor social relationships among Anglo-American. Mexican-American males exhibited aggressive behavior, hyperactivity, obstinancy, stealing, and temper tantrums, whereas Mexican-American girls exhibited crying spells, depression, running away from home, and somatic complaints. Mexican-American children dropped out of clinical services at a higher rate than did Anglo-American children.

Two researchers (Rosford and Bowles, 1974) attempted to demonstrate that certain types of reinforcers would enable Anglo-American and Mexican-American children to improve reading skills. Nine of the reinforcers were chosen often by the children; the children's ethnicity played less of a role in choosing reinforcers than their sex did. Frequently chosen reinforcers included playing games, getting a certificate for achievement, and reading comic books. The children in the experimental groups attended class more frequently than they had previously, and they improved their reading skills. The researchers indicate such an approach has implications for improving the school life of Chicano students overall.

Studies Pertinent to Lower Socioeconomic Level Children

This section reports research relating to subjects who are identified predominantly as lower socioeconomic. This classification appears in all cases to be a matter of family income.

Three researchers (Glidewell, Mensh, and Gildea, 1957) report a project designed to identify children with behavior disturbances. They asked mothers to identify whether their children exhibited any of twenty specified symptoms; frequency, severity, and duration of observable behavior symptoms were probed as well. Among symptoms on the list were trouble eating, trouble sleeping,

trouble getting along with other children, and unusual fears. The researchers report a reliable, positive relationship between mothers' reports and independent clinical assessments of children. The likelihood of childhood behavioral or emotional disturbance increased as the reported number of symptoms increased, and the likelihood of childhood adjustment increased as the number of reported symptoms decreased.

One of the above researchers (Glidewell, 1969) reported extensively about the prospects of using a mother's report of her child's behavior symptoms. Over a three-and-one-half year period, he gathered data on 829 children. He used the same symptom list as used in the article co-authored in 1957 with Mensh and Gildea. This time mothers' ratings of children were paired with teachers' ratings of pupil adjustment. The author reports the relative prevalence of symptoms and the rare incidence of new symptoms after age ten. Antisocial behavior was quite rare, and few significant sex or social class differences were observable.

Two researchers (O'Neal and Robins, 1958) conducted a thirty-year follow-up study of persons seen as patients in a child guidance clinic. They identify certain behavior which distinguishes pre-schizohprenic children from normal children, for example, severe infectious disease in infancy, pathological lying, incorrigibility, depression, fears, and eating disturbances. They emphasized the strong correlation they found between childhood antisocial behavior and adulthood schizophrenia.

Majority Culture Child Studies

This section reports research done predominantly if not exclusively with children from the majority Anglo culture. A major longitudinal study and a study of child guidance patients comprise the material presented.

Two researchers (Kagan and Moss, 1962) completed a longitudinal study spanning twenty-five years. They present certain items as having major importance; the age period six to ten and the significance of sex role identification are two of these items.

One researcher (Shechtman, 1970) noted that symptoms for children at a child guidance clinic were age linked. She identifies certain symptoms which indicate pathology in five to eight year old children if the symptoms persist. Among these symptoms are: poor schoolwork, disobedience, phobias, enuresis, and fighting for boys; poor schoolwork, daydreaming, disobedience, temper tantrums, and negativism for girls.

General Interest Studies

This section reports information of general interest in childhood behavior development. Specific variables such as culture, ethnicity, or socioeconomic level are not factors mentioned in any of the author's works reported here. The importance of stress is discussed first.

Longitudinal studies have demonstrated the existence of critical periods for development (Kagan and Moss, 1962; MacFarlane, 1954; Robins, 1966). These studies indicate that normal development for virtually all children includes stressful periods and crises which enable the children to cope with difficulties. The notion of critical periods of development implies that certain tasks and problems may be identified as age-specific, and that the presence of certain behaviors beyond a certain age may appropriately be termed adaptive or masterful and other behaviors (or their absence) termed maladaptive or inept.

Two researchers (Senn and Solnit, 1968) identify certain developmental tasks and behavioral characteristics as functional for children and parents at specific ages of children. They also identify certain developmental tasks and behavioral characteristics as dysfunctional for children and parents at specific ages of children. For example, between five and twelve, a child typically learns better impulse control, develops pride and self-confidence, and accepts sex role identity. During this period of a child's life, parents typically demonstrate ambivalence about separation, encouragement of separation, mixed feelings about parent surrogates, and modeling of social and ethical behavior and standards.

According to Senn and Solnit (1968) dysfunctional behavior for children between five and twelve includes lying, temper outbursts, somatic complaints, antisocial behavior, social withdrawal, and depression. Dysfunctional behavior for parents of children five to twelve includes disinterest in a child, inconsistent discipline, rejection, aggression, and withdrawal.

Sobel (1975) has identified several features of early childhood which he terms significant for human development: learning sexual identification, acquiring a conscience, developing play skills, playing cooperatively, and fantasizing actively. He maintains that all children experience adjustment difficulties during early childhood, and that behavioral disturbances primarily stem from problems with sexual identification, peer competition, and proof of self-adequacy, self-worth, and autonomy.

One researcher (Kagan, 1966) has focused attention on the age period of six to ten years. He considers certain responses critical for the development of the six to ten year old. These critical responses include:

1) learning attitudes related to intellectual mastery.
2) learning and practicing active social relations with peers.
3) practicing behaviors and attitudes which define sex role standards and which crystallize a sex role identity.
4) developing standards about rational thought, independent behavior, honesty, and responsibility.
5) crystallizing attitudes toward self primarily with one's peer group as a referrent.
6) establishing more firmly defense mechanisms to anxiety.

Kagan maintains that the major psychological dimensions responsible for individual differences among adults are observable by a person's tenth year of life. These responses include both responses indicative of healthy behavior and symptoms of maladaptive behavior. Thus, by the age of ten, a person has begun to organize several complicated responses, motives, and standards conducive to mental health; for example, defensive reactions to social rejection, conscious orientations to power and competence, and norms for sex role behaviors (Kagan, 1966).

One researcher (Kiev, 1970) reports on anthropological inquiries into schizophrenia. He reports only four of twenty-six symptoms appear to be nuclear features of schizophrenia regardless of culture. These four symptoms are social and emotional withdrawal, auditory hallucinations, illusions, and flatness of affect.

Flatness of affect and the inability to invest emotionally in others, two of the nuclear features of schizophrenia, are reported as outcomes of what is commonly called "maternal deprivation" (Bowlby, et al, 1956; Bowlby 1958; Coleman, 1972). Two investigators (Richmond and Lipton, 1961) report contrasting views of the matter. The term "maternal deprivation" itself is discussed. The outcomes of "maternal deprivation" are discussed in relation to delinquency, antisocial behavior, and adult behavior disturbances such as schizophrenia and sociopathic personality. For example, the "affectionless character," incapable of forming relationships with others, is prone to delinquency and antisocial behavior. Delinquency and antisocial behavior are symptoms

of adult behavior disturbances such as sociopathic personality and schizophrenia (Caplan and Douglas, 1969; O'Neal and Robins, 1958; Robins, 1966; Frank, 1966).

One researcher (Robins, 1966) presents data regarding the development of sociopathic personality. She completed a longitudinal study which matched one hundred adults seen as patients when children and one hundred control subjects. Childhood theft is the behavior most predictive of sociopathic personality development. She lists thirteen other symptoms found to be good predictors. Socioeconomic level did not significantly influence the development of sociopathic personality. Robins reported that a father's psychiatric status is the major home influence upon development of sociopathic behavior. She cautions against designing programs to prevent sociopathy by removing poverty, gangs, or slums.

Symptom Items Included in the Survey

Sixty-three items suggested by the review of literature were ranked by twenty persons familiar with psychology, child development, and the Phoenix South Catchment Area. Ten persons work for this community mental health center, and ten are professionals active in the community.

These twenty persons ranked nineteen items as most likely to indicate behavioral disturbances in a child in the Phoenix South Catchment Area. The nineteen items were incorporated into the survey, but "nightmares" was deleted from the teacher survey after several parents and neighbors indicated no knowlege of this symptom. These items and what they indicate regarding behavioral problems are listed on the following page:

1. Acting out behavior - distinguishes in Glidewell's study (1969) maladjusted from adjusted behavior.

2. Trouble with feelings - identifies in Kellam's study (1975) Black lower socioeconomic level children who develop adjustment problems.

3. Defiance - identifies in Stoker and Meadow's study (1974) Mexican-American male children in guidance clinics. In Shechtman's study (1970) defiance identifies five - eight year old males and females diagnosed as severely disturbed.

4. Nightmares - identifies Anglo children both in and out of clinics (Conners, 1970; Stoker and Meadow, 1974) but especially Anglo girls in clinics (Conners, 1970).

5. Destroying property - identifies in Glidewell's study (1969) maladjusted children.

6. Starting fires - identfies child clinic patients, Anglo or Black, from middle or lower socioeconomic backgrounds (Conners, 1970).

7. Drinking alcoholic beverages - is not a symptom listed in the literature. It is a symptom suggested by discussions with Outreach and Clinic personnel of the Center as a problem for children in the Catchment Area.

8. Stealing - is the major predictor of sociopathological personality development regardless of sex or of socioeconomic level (Robins, 1966).

9. Trouble getting along with other children - is a symptom found by Glidewell (1969) to identify maladjusted from adjusted children, middle socioeconomic from lower socioeconomic children, and girls from boys.

10. Crying spells - characterized Mexican-American children in clinics (Stoker and Meadow, 1974).

11. Physical fights with other children - is a symptom highly associated with the development of sociopathic personality (Robins, 1966). It also identifies Mexican-American male children in clinics (Stoker and Meadow,1974) and 5-8 year old males diagnosed as severely disturbed (Shechtman, 19700.

12. No personal relationships - indicated extreme psychopathology in a 5-12 year old child (Senn and Solnit, 1968).

13. Depression - identified Mexican-American female children especially 6-8 years old, in clinics (Stoker and Meadow, 1974). Depression was also characteristic behavior of children likely to develop schizophrenia (O'Neal and Robins, 1958).

14. Incorrigibility - was characteristic of children likely to develop schizophrenia (O'Neal and Robins, 1958). This behavior indicated the presence of sociopathology and the likelihood of developing sociopathic personality (Robins, 1966).

15. Overactivity - distinguished maladjusted from adjusted children (Glidewell, 1969).

16. Trouble with authority figures - was characteristic of first grade lower socioeconomic Black males (Kellam et al, 1975).

17. Nervousness - was characteristic of 5-10 year old boys diagnosed as severely disturbed (Shechtman, 1970). Nervousness identified maladjusted children (Glidewell, 1969) and Anglo boys and girls in guidance clinics (Stoker and Meadow, 1974).

18. Trouble eating - identified children likely to develop schizophrenia (O'Neal and Robins, 1958).

19. Trouble getting along with other people - identified Anglo boys and girls in guidance clinics (Stoker and Meadow, 1974). This behavior identified in Conners' study (1970) child clinic patients regardless of ethnicity or socioeconomic level.

Literature About Behavioral Strengths

It has been noted already that investigations of child behavior have almost exclusively focused upon symptoms and maladaptive behavior. It is no accident that the review of literature extensively discusses behavioral symptoms. The focus of most studies seems to have been on problems to be eradicated. Little if any attention has been given to behavior to be promoted.

The Research Department wished to strike a balance and identify behavioral strengths as well as behavioral symptoms in children. The Adjective Check List developed by Gough (Gough, 1960; Gough and Heilbrun, 1971) was the basic source consulted for this purpose. An article by Becker and Krug (1964) and an article by Miller (1967) were also consulted.

The Adjective Check List (ACL) consists of 300 adjectives which are commonly used to describe people. Its initial use was in assessment of personality by psychologists (Merril and Heathers, 1974). Different methods of doing such assessment have been devised.

The ACL has 75 words which are considered to be signs of a favorable description of a person. Persons who check many of the words have been found to strongly desire to do well, to impress other people, and to advance through conscientious effort. Other persons tend to see such people as dependable, serious, and steady (Gough and Heilbrun, 1971).

Reliability of the ACL has been reported to be adequate in test-retest situations. That is, a person scores alike when given the test again after an interval of time. Validity has been reported as significant from several sources (Gough and Heilbrun, 1971), but one reviewer (Rorer, 1972) says the ACL manual contains a great deal of information but nothing to support the validity of the checklist.

The survey items developed by the Research Department included nearly thirty per cent (twenty-two) of the seventy-five adjectives which the ACL associates with positive behaviors. These twenty-two adjectives are:

1. Appreciative
2. Helpful
3. Considerate
4. Friendly
5. Generous
6. Intelligent
7. Poised
8. Rational
9. Confident
10. Sociable
11. Reliable
12. Wide interests
13. Good natured
14. Pleasant
15. Clear thinking
16. Reasonable
17. Cooperative
18. Cheerful
19. Humorous
20. Dependable
21. Responsible
22. Affectionate

Methods and Procedures

Sampling Procedures

A stratified cluster technique was used to obtain a representative sample of parents and neighbors in Census Tract 1167 and of fifth grade teachers in the Catchment Area. The 1975 Special City Census of Phoenix (Bureau of the Census, 1976) enabled the Research Department to compare sample data with

data about the population of the area. The teachers in the study comprised all the fifth grade teachers in schools randomly selected for the study; 50% of all schools with fifth grade classrooms were selected per school district.

Parents and neighbors were interviewed individually by persons trained to conduct the survey. Teachers completed a survey instrument on their own and returned it to the Research Department.

Seventy parents, 54 neighbors, and 72 teachers completed the survey instrument. Demographic data about the participants are presented in Tables 6-8. Analysis of variance indicated tht the census tract population and the sample are nearly identical on demographic items. Because 96% of the teachers returned surveys, we believe it is reasonable to conclude these teachers are representative of fifth grade teachers in the Catchment Area on these demographic items.

Survey Instruments

Parents and neighbors were asked 34 questions about behavior of ten year old children. They were asked how often certain behaviors occur and were asked if one or more judgments applied to the behavior in question. Teachers were asked 33 items from the survey instrument used with parents and neighbors, "Nightmares" was deleted from the teacher survey as explained previously.

Open-ended questions were asked of all subjects regarding behaviors they disliked in the children. A number of questions were asked all participants about community effects on children.

The teachers were asked 25 questions not asked of parents and neighbors. These questions were developed after the Research Department consulted with clinicians in the Center.

Copies of the survey instruments are included in the Appendices to the Research Department reports pertaining to each study (Balk, 1976; Balk, 1977).

Statistical Tests Used

The basic statistical computation chosen for use with the parent and teacher data was the Spearman rank-difference correlation method. This method enables tests of significance to be calculated on pairs of ranked data. The Spearman rank-difference correlation method measureswhether the association between pairs of ranked data is significant. A significance level of .05 was chosen to test the hypotheses.

Pearson-product moment correlation coefficients were computed to test the first two hypotheses of the teacher study. This statistical test measures whether the association between sets of data is significant. A significance level of .05 was chosen to test these hypotheses.

Analysis of variance was calculated to test the third hypothesis of the teacher study. This statistical test measures whether groups of subjects vary further from each other than can be explained as a matter of chance.

Factor analysis and anlysis of variance were used to test whether significant results existed when 33 items common to parents, neighbors, and teachers were compared. Factor analysis was used to test whether items responded to by the subjects formed major intercorrelations. Analysis of variance was used to determine whether 1) any ethnic differences were present in responses to items and 2) whether parents, neighbors, or teachers responded to items differently.

Hypotheses of the Study of Parents and Neighbors

The Research Department wanted to test several hypotheses. We tested the significance of:

1. The relationship between rank orders given to the frequency of symptoms in family members and in neighborhood children.

2. The relationship between the frequency of symptoms in family members and the evaluation given those symptoms.

3. The relationship between the frequency of symptoms in neighborhood children and the evaluation given those symptoms.

4. The relationship between the rank orders given to the frequency of strengths in family members and in neighborhood children.

5. The relationship between the evaluations of strengths in family and in neighborhood children.

6. The relationship between the frequency of strengths in family members and the evaluation given those strengths.

7. The relationship between the frequency of strengths in neighborhood children and the evaluation given those strengths.

Hypotheses of the Study of Teachers

The Center tested three hypotheses in this survey.

1. There is no relationship between the teachers' perceptions of how many fifth grade children exhibit symptoms and the teachers' evaluations given to those behaviors as a strength or good; as a wrong, or as a matter of no concern.

2. There is no relationship between the teachers' perceptions of how many fifth grade children exhibit strengths and the teachers' evaluations given to those behaviors as a strength or good, as a problem, as wrong, or as a matter of no concern.

3. Responses to items are not influenced by the ethnicity of the teachers.

Results

Parents and Neighbors Responses

Tables 9 and 10 give the rank order of occurrence of behavioral symptoms and strengths in children as reported by parents and neighbors. Tables 11 and 12 give the rank order of evaluations given to symptoms and strengths by these people.

Hypothesis One

Hypothesis One stated there would be no significant relationship between the pairs of rank orders given to the frequency of symptomatic behavior in ten year old family members and in neighborhood children. The hypothesis holds for behaviors which frequently occur and for those which seldom occur. In other words, the respondents see frequent exhibitions of symptomatic behaviors occur differently in family members and in neighborhood children. The same holds true for rare exhibitions of symptomatic behavior. However, one symptom is ranked number one for frequent occurrence in family members and in neighborhood children. That symptom is defiance. Two behaviors which rarely occur in these two groups are drinking alcoholic beverages and starting fires.

There is a significant rank order relationship ($p < .05$) for the symptomatic behaviors which ten year old family members sometimes or occasionally exhibit and which some or a few neighborhood children exhibit.

Hypothesis Two

This hypothesis stated that there would be no significant relationship between the pairs of rank orders given to frequency of symptomatic behaviors and evaluations of those behaviors in ten year old family members. The hypothesis is rejected in all but one case, namely, when evaluations of "wrong" are applied to the behavior.

A significant, inverse relationship ($p < .01$) exists between frequent occurrence of symptoms and judgments about the behaviors as strengths. One would expect such an outcome. It is unlikely that persons will typically consider frequent occurrences of stealing, lying, defiance, or depression to be a strength. The same conclusion holds true when these behaviors occasionally

occur. That is, an inverse, significant relationship ($p < .01$) exists between occurrence and judgment of such behavior to be a strength.

Hypothesis Two holds for the evaluation that symptomatic behaviors which rarely or never occur in ten year old family members are considered to be strengths. This outcome is not unexpected. It seems reasonable for parents to say that they consider it a strength that their children, for example, rarely or never drink alcoholic beverages, start fires, destroy property, or steal.

Hypothesis Two is accepted regarding the lack of relationships between occurrence of symptomatic behaviors in family members and judgments that the behaviors are wrong. This result would appear to support the conclusion that the respondents think less in terms of "wrong" and more in terms of a "problem for worry or dislike" when they are concerned about symptomatic behaviors of their children.

Hypothesis Three

Hypothesis three stated that there would be no significant relationship between the pairs of rank orders given to frequency of symptomatic behaviors in neighborhood children and evaluations of those behaviors as good behavior, as a problem, as wrong, or as a matter of no concern.

Frequent and occasional occurrence of these symptomatic behaviors are not considered to be strengths. The relationships between occurrence and evaluation is significant and inverse ($p < .01$ and $p < .05$, respectively). In other words, neighbors are very unlikely to view frequent or occasional symptomatic behaviors as good behavior. When neighborhood children rarely exhibit these behaviors, people are inclined to rank the near absence of such behaviors as good behavior ($p < .01$).

In two cases the null hypothesis is rejected regarding frequency of occurrence and evaluation of the behavior as problems. There is a positive, significant relationship ($p < .01$) between rank orders given to symptomatic behaviors exhibited frequently and to those exhibited occasionally by neighborhood children and evaluation of these behaviors as problems. However, there is no relationship between behaviors which rarely occur and evaluation of the behaviors as problems.

In two cases the hypothesis is accepted regarding frequency of occurrence and evaluation of the behavior as wrong. There is no relationship between symptomatic behaviors which frequently and those which occasionally occur in neighborhood children and evaluations of the behaviors as wrong.

Hypotheses Two and Three deal with the responses of parents and of neighbors regarding symptomatic behaviors. The rank order given to these behaviors differs somewhat when parents view their own children and view neighborhood children. However, the tendency regarding evaluation of these symptomatic behaviors is similar for both parents and neighbors. These behaviors are clearly associated with problems which people worry about or dislike. They are unlikely to be viewed as wrong, except in specific instances, such as when neighborhood children start fires, are unmanageable, or steal.

Hypothesis Four

This hypothesis stated there would be no significant relationship between the pairs of rank orders given to the frequency of strengths in ten year old family members and in neighborhood children. In two cases the hypothesis is rejected; in one case it is accepted.

Certain strength behaviors of ten year old family members and of neighborhood children are seen to occur with the same frequency. That is, the

same strength behaviors are seen to occur very frequently when ten year old family members and neighborhood children are involved. The same conclusion applies when occasional behavior is being considered. However, there is no significant relationship between the ranks given to strength behaviors which rarely occur in ten year old family members and neighborhood children.

Hypothesis Five

This hypothesis stated there would not be a significant relationship between the pairs of rank orders given to evaluations of strength behaviors in ten year old family members and in neighborhood children. The hypothesis was upheld. Parents and neighbors do not give the same evaluations to these behaviors. That is, when evaluated as a strength, as a problem, and as wrong, the behaviors of neighborhood children and ten year old family members are not evaluated comparably. This survey outcome indicates that it is not improbable for adults to view differently the same behavior exhibited by a neighborhood child and by their own son or daughter. It also suggests that parents prize some behaviors highly in their own children, whereas neighbors prize different behaviors in neighborhood children. For example, parents rank as strengths responsible behavior, cheerful behavior, and affectionate behavior in a 1,2,3, order; neighbors rank as strengths cooperative behavior, social behavior, and cheerful behavior in a 1,2,3, order.

Hypothesis Six

This hypothesis stated there would not be a significant relationship between the pairs of rank orders given to the frequency of strength behaviors in family members and evaluation of those behaviors by family members. The hypothesis is upheld in three cases:

1. There is no association between the occasional occurrence of these behaviors, and evaluation of the behaviors as "wrong."

2. There is no relationship between rare occurrences and evaluations of the behaviors as strengths.

3. There is no relationship between rare occurrences and evaluations of the behaviors as problems.

In some cases, however, the hypothesis is rejected. There is a significantly positive rank order relationship ($p < .05$) between strength behaviors which very frequently occur and evaluation of the behaviors as right or as strengths. In addition, there is significant, but inverse, rank order relationship ($p < .01$) between behaviors which sometimes occur and evaluations of them as strengths or as right.

There is an inverse relationship ($p < .05$) between strength behaviors which very frequently occur and evaluations of the behaviors as problems. In addition, there is a positive relationship ($p < .05$) between strength behaviors which sometimes occur and evaluation of the behaviors as problems.

Two significantly inverse relationships occur to reject the hypothesis regarding evaluation of the behaviors as wrong. In one case, very frequent occurrence of the strength behaviors are highly unlikely ($p < .01$) to be considered wrong. In the other case, rare occurrences of the behaviors are highly unlikely ($p < .01$) to be considered wrong.

Parents and other family members would appear to approve of many of these strength behaviors even if they occur infrequently. Cheerful or humorous behavior, affectionate behavior, sociable behavior, good natured behavior, and rational behavior will be considered strengths regardless of whether or not they occur very frequently. However, some of the behaviors

are "prized" less than others. For instance, family members seem to consider the occasional occurrence of cheerful and humorous behavior to be more of a strength than the very frequent occurrence of social behavior or poised behavior.

Behaviors which are ranked as occurring less frequently will, on the whole, be ranked higher as problems for worry or dislike. The converse is true: behaviors ranked as occurring more frequently are likely to be ranked low as problems. Apparently family members worry about or dislike less frequent occurrences of these strength behaviors in their children.

What is ranked high as a strength is likely to be ranked low as a problem when the behavior occurs very frequently. What is ranked low as a strength is likely to be ranked high as a problem when the behavior occurs less frequently. This phenonomen provides confirmation that the fifteen behaviors labeled as strengths are viewed as such and are desired by families.

It is clear that both very frequent and rare occurrences of these strength behaviors are not going to be considered wrong. No conclusion can be made regarding occasional occurrences and evaluations of the behaviors as wrong.

Hypothesis Seven

This hypothesis stated there would not be a significant relationship between the pairs of rank orders given by neighbors to frequency of strength behaviors in children and evaluations of those behaviors. In all but one case the hypothesis was not upheld. That is:

1. There is a significant relationship between the frequency rank order of strength behaviors exhibited by neighborhood children and the evaluation of those behaviors as strengths.

2. There is a significant relationship between the rank order of strength behaviors exhibited by neighborhood children and the evaluation of those behaviors as problems.

3. There is a significant relationship between the rank order of strength behaviors exhibited frequently and those exhibited rarely and the evaluations of the behaviors as wrong.

Only in one case, namely, when the behaviors sometimes occur, do neighbors not significantly associate the evaluation "wrong" with the behaviors.

Comparison of parents' and neighbors' responses presents some findings for consideration. Little agreement exists about the rank order given to strength behaviors and evaluation of them as good behavior. Respondents consider very frequent occurrence to be a sign of good behavior; however, the rank orders given depend on whether family or neighborhood children are being considered. This variance would suggest family members view their own children differently than neighbors view the neighborhood children. This type of difference also occurred when frequency rank orders of symptoms and rank orders of evaluations were considered for both groups of respondents. (See "Hypothesis One," p.43). This variance suggests family members and neighbors have identified behaviors which they consider important; however, the list differs according to which children are being considered by whom.

Neighbors are highly unlikely to view as strengths any behaviors which only some or very few neighborhood children exhibit. This is not the case when family members view infrequent occurrences of these behaviors by their own children. (See Hypothesis Four," pp.45f). What we have here is more confirmation that family children are viewed differently by their own families than neighborhood children are viewed by neighbors.

Neighbors are very unlikely to consider as problems those strength behaviors which the neighborhood children frequently exhibit. However, this conclusion cannot be made regarding these same behaviors when they occur occasionally or rarely. These behaviors are wide interests, helpful or considerate, appreciative, responsible, friendly or generous, intelligent, and confident. It would seem that people consider the lack of the behaviors in neighborhood children to be matter for worry or dislike.

A pattern seems to be emerging regarding how neighbors judge frequent and less frequent exhibitions of strengths in children. The pattern is apparently that strengths performed by most or many children are approved of; strengths performed by less children are either ignored or viewed as matters for worry or dislike.

How often behaviors occur determines whether an evaluation of wrong will be applied to specific behavior of neighborhood children.

1. When most or many children act in certain ways considered strengths by the survey, these behaviors will not be considered wrong.

2. However, when strengths seldom occur, this near absence of the behaviors will be considered wrong.

It would appear that neighbors want especially to see the great majority of neighborhood children acting in sociable, cooperative ways; being good natured, appearing confident and poised, being cheerful, and demonstrating clear thinking as well as being affectionate. Neighbors think it is wrong when very few, if any, children are generous, appreciative, or considerate. The neighbors also think it is wrong when very few children

exhibit wide interests.

Behaviors Disliked in Children

Parents most frequently mentioned that they dislike disobedience and sensitivity in their children. Other disliked behaviors included temper tantrums, poor social relationships, school problems, and overly independent and overly mature behavior.

Neighbors most frequently mentioned property destruction, anti-social behavior, lack of parental discipline, and playing in the streets. Other behaviors included screaming, drinking, graffiti writing, and picking on younger children.

Neighbors and parents agree about the behaviors of neighborhood children which they dislike. Parents do not list the same behaviors for their own children. One questions whether neighbors see children in a different light than do their parents. Previous findings (see pp. 43-45, "Hypothesis Two and Hypothesis Three") about reactions to symptomatic behaviors in ten year old family members and in neighborhood children tend to confirm that parents look upon the behavior of neighborhood children differently than they view the behavior of their sons and daughters. It is possible that children act differently in the neighborhood than they do at home. One wonders whether neighbors tell parents about the behavior of their own children when it is bothersome. According to some interviewers, the survey participants said such conversations rarely occur.

Behaviors Liked in Children

Parents mentioned they like obedience more than any other behavior. They also mentioned responsible behavior, intelligent behavior, expression of feelings, and good social relations. Parents like it when older children look after younger ones.

Neighbors like children who are respectful and who have good social relationships. They also mentioned appreciation for children who respect property, look after younger children, and have a sense of humor.

A number of behaviors which parents admire in their own children are among the behaviors admired in neighborhood children - respectful or good behavior, good social relations, and looking after younger children. The content similarity, conversely,extends to the behaviors people do not like. For example, the respondents like it when older children look after younger ones, and they dislike it when older children pick on younger ones.

Community Effects on Children

Several responses were made to items regarding the community's influence upon children. The desire for recreational programs, specifically supervised recreational programs, was the overwhelmingly recurring theme. Parental influence is another recurring theme.

Under parental influence came such topics as harsh discipline, parental fights, inconsistent parenting, and communication problems between parents and children. It is possible that parents are being scapegoated. However, whether deserved or not, the accusation against parents is difficult to ignore. There is no question that relevant literature focuses upon parental style as a major contribution to types of childhood behavior (Blackham and

Silberman, 1975; Coleman, 1972; Robins, 1966). This combination of clinical literature and responses to the survey suggests that parenting programs are an initial approach for the Center to take with the people in Census Tract 1167, and very possibly with persons from similar neighborhoods, for example, in Census Tract 1166, and the areas between 7th Street and 48th Street, Broadway to Baseline. A few persons in the Center have already been developing and implementing parenting programs, and it would be important to acquaint them with the findings of this study; perhaps to invite their critical reaction to the report and to ways in which it can best be utilized.

Teachers' Responses

Tables 13 and 14 list the symptom and strength items included in the teacher survey. The tables also indicate whenever the teachers significantly associated judgments about a behavior with the frequency with which the behavior was perceived to occur.

Hypothesis One

This hypothesis stated that teachers judgments about symptom behaviors would not be associated with the frequency with which the behaviors were observed.

In several cases, the hypothesis is rejected. Specifically,

1. The more children behave in any of nine ways, the less likely are teachers to call such behaviors strengths (See Table 13).

2. The more children behave in any of eighteen ways, the more likely are teachers to call such behaviors problems (See Table 13).

3. The more children behave in either of two specific ways, the more likely are teachers to call such behaviors wrong (See Table 13).

4. The more children behave in either of two specific ways, the more likely are teachers to call such behaviors a matter of no concern (See Table 13).

Three items in the survey dealt with overactivity. Each was significantly associated with judgments that the behavior is indicative of problems (at least a problem for the teacher and, thereby, for the child at least as a consequence of the teacher's reaction). For instance, 56% of the teachers said that inability to do one thing for a length of time occurs among at least some or a few of the children, and nearly 74% of the teachers called this behavior a problem.

Some symptoms were not significantly associated with any judgments about them. These behaviors are "stealing," "no personal relationships," "isolating oneself physically from others," and "giving no response when talked to." The author was surprised that "stealing" did not significantly correlate with the judgment that it is a problem or is wrong. Thirty teachers said that some or a few of their fifth graders steal, and six said that many of the children steal. In other words, 50% of the teachers perceived stealing to occur among at least some of their fifth graders, but they did not consider its occurrence to be problematic or wrong.

Eighty to 90 per cent of the teachers said that at most one or two children have no personal relationships, isolate themselves physically from others, or do not respond when talked to. Comments written in by teachers on several questionnaires emphasized that none of their children behave in any of those ways.

Eight items were not answered by enough participants to be included in statistical analyses of Hypotheses One. Table 15 indicates how the items were answered by most teachers. It would appear that the teachers have no first-hand knowledge of these behaviors.

The teachers did not refuse to answer these items in the questionnaire and did not overlook them. They overwhelmingly said that they are not sources for information about these behaviors in their fifth graders. It seems instructive to point out that many respondents in Census Tract 1167 said they did not know whether children in their neighborhoods had trouble eating, drank alcoholic beverages, or played with matches (Balk, 1976).

Hypothesis Two

This hypothesis stated that teachers' judgments about behavioral strengths of fifth graders would not be associated with the frequency with which the behaviors occur. In several cases Hypothesis Two is not accepted because significant relationships did occur.

Hypothesis Two was rejected in four situations. Specifically,

1. The more children behave in any of sixteen specific ways, the more likely are teachers to call such behaviors strengths (See Table 14).

2. The more children behave in any of sixteen specific ways, the less likely are teachers to call these behaviors problems (See Table 14).

3. The more children behave in any of nine ways, the less likely are teachers to call these behaviors wrong (See Table 14).

4. The more children behave in any of four ways, the less likely are teachers to call these behaviors matters of no concern (See Table 14).

Study of Table 14 reveals that eleven behaviors were significantly associated with at least three of the value judgments which the teachers could choose. Two points come to mind in this regard:

1. These behaviors possibly are the key "good behaviors" which teachers notice and like.

2. These may well be core behaviors for children to exhibit for healthy adaptation to teachers in school.

It is noticeable that teachers do not consider "standing up for one's rights" to be an example of a strength in children. Although teachers do not consider such behaviors to be a problem, they say such assertive behavior is not wrong. The author is unclear how teachers view children who stand up for their rights, and he believes the matter bears exploration, especially from the viewpoint of mental health centers which often link assertive behavior with healthy behavior. In effect, are teachers bothered by behaviors which mental health personnel seek to foster?

Life Situation Items

Five items reflect the life situation of the child more than anything else. These five items are "parents appear to be interested in the child," "parents appear to be interested in the child's education," "special treatment for emotional or behavioral problems," "evaluation," and "good physical health." A sixth item, "evidence of child abuse," could be appropriately considered part of these life situation items, but it has been included under the rubric of "symptom" in the analysis of results. The majority of responses to these items is indicated in Table 16.

Two of the life situation items would rank #1 and #2 were they included in the analysis of items significantly associated with judgments of behaviors as strengths. (See Table 14). These items are "parents show interest in the child's education" and "parents show interest in the child." The former correlated .809 with judgments that is a strength; the latter correlated .768 with the same judgment. The item correlated as highly but in a negative direction with the judgments of behaviors considered problems. (See Table 13). In short, parental interest in children were the two items responded to most favorably by teachers.

Hypothesis Three

This hypothesis stated that ethnicity of the teachers would not influence the responses to items. In most cases, the hypothesis was upheld. However, in some situations the hypothesis was rejected.

Because few teachers were Mexican-American, Asian-American, or Native-American, data were calculated on three groups:

1. Anglo
2. Black
3. Other

Tables 17-18 provide the responses which significantly were linked to the ethnicity of the respondents.

Black teachers almost invariably are the source of significantly different responses regarding certain behavioral symptoms. These teachers apparently view some behaviors with less alarm than do "Anglo" or "Other" teachers. Blacks say the behaviors occur less frequently, and they say the occurrence of such behaviors are overall not a problem. This is not to say that Black teachers view all symptomatic behaviors with approval. In point of fact, the Black teachers do not approve of several symptomatic behaviors (e.g., frightening other children, destroying property on purpose, or trouble getting along with people). The Black teachers' opinions are not unlike the opinions of the other teachers to these behaviors.

What strikes the author most regarding responses to the strengths is that few significant differences do occur among the ethnic groups. The teachers overwhelmingly appear to have similar opinions about the behavioral strengths and about the frequency with which such behaviors occur.

Behaviors Disliked in Fifth Graders

The teachers most frequently listed problems in social relations and problems with school work and learning as the behaviors they disliked in fifth

grade students. Some specifics given were teasing, hiding feelings, short attention spans, and lack of motivation.

Behaviors Liked in Fifth Graders

The teachers most frequently listed good social relations and abilities in school work and learning as the behaviors they liked in fifth grade students. Some examples given were honesty, friendliness, enthusiasm, sense of humor, polite behavior, determination, creativity, inquisitiveness, trying hard, and being interested in learning.

Community Effects on Children

Community influences mentioned regularly were parents, peers, teachers, recreational and youth organizations, church, and the neighborhoods. Numerous responses related good and bad influences to the home. These responses may indicate a need as expressed previously on p. 53, for parenting workshops and other family-oriented services. Teachers may be receptive toward such consultation programs. It has not been tested whether the parents and families in need would be receptive.

Synthesis of Responses to Items Asked of All Participants

The survey instruments contained thirty-three items asked of all the participants (See Table 1). Factor analysis and analysis of variance were used to determine whether certain results occurred in the surveys between the 196 respondents. Namely,

1. Factor analysis was used to determine whether the responses of all the participants formed major intercorrelations.

2. Analysis of variance was used to determine whether

   a. Ethnic differences were present.
   b. Parents, teachers, and neighbors as distinct groups answered items differently.

Four clusters appear after a factor analysis of the data. These clusters account for 43% of the variance in responses to the thirty-three

items. The identification of clusters does not tell what the clusters mean. It is up to the researcher to identify the meaning, in a sense to name the cluster (Miller, 1968). The reader is directed to the discussion of these matters in the Abstract, pp. 10-11.

Ethnic Differences

The parents, neighbors, and teachers were grouped into ethnic categories of Anglo (90), Black (35), Mexican-American (41), and Other (28). Analysis of variance revealed some significant ethnic differences in responses to survey items. Tables 2 and 3 present these differences, and the reader is referred to discussions of the topic which occurs in the Abstract, pp.11-12.

Group Differences

Differences between parents', neighbors', and teachers' responses are indicated in Tables 4 and 5. Analysis of variance was used to measure these group differences. The Abstract contains a discussion of this topic on pp. 12-15.

Discussion

What conclusions can be made from a consideration of these two surveys? The author will address conclusions from these perspectives:

1. Data gained from parents and neighbors.
2. Data gained from teachers.
3. Data synthesized from the two reports.

The review of literature (Balk, 1975) linked certain behaviors with specific behavioral problems. It is clear from previous research studies (Glidewell, 1969; Kellam, Branch, Agrawal, and Ensminger, 1975; Robins, 1966; Conners, 1970; Glidewell, Mensh, and Gildea, 1957) that behavioral disturbances become more likely in proportion to the number of symptoms present in a child.

What symptoms can we say are most frequently reported by parents and neighbors? It is clear that these behaviors are defiance, little interest in doing things, unmanageable behavior, acting out, overactivity, and trouble with feelings. Teachers identified several behaviors as occurring frequently and being problematic. Among these behaviors are little interest in doing things, trouble with feelings, overactivity, defiance, and unmanageable behavior.

What behavioral problems do these symptoms seem to accompany or influence in children? Table 19 indicates what the literature review indicated on this topic.

What we don't know is how many of these symptoms or any other symptoms are present in particular children. Glidewell (1969) reports most favorably on the predictive power of multiple symptoms. What Glidewell found and which is of direct importance for this study is that mothers' reports about symptoms, when linked to teacher ratings of level of adjustment, have high reliability in identifying disturbed children.

The Center's Child Development Program seems to be the only systematic approach in the Phoenix South Catchment Area to combine teacher and parent reports as means to identify children in the early stages of maladjustment and to intervene with their problems. An area for consideration by planners might be how to expand use of both school and home resources in the delivery of direct and indirect services to children.

There is close agreement among parents, neighbors, and teachers about the frequency of occurrence of behavioral strengths. There is not always agreement about the evaluations given these behaviors. Neighbors prize certain behaviors (e.g., sociable behavior and clear thinking) above others (e.g., responsible and intelligent behavior) which are highly regarded by parents.

Teachers are more inclined to prize responsible, good natured, cheerful, and intelligent behaviors above assertive, clear thinking, and cooperative behaviors.

What knowledge we do have concerning strengths, however, is confirmation from three sources that many children's behaviors are liked. It is probable that such behaviors could be fostered to replace behaviors which are disliked.

One of the means to foster such behaviors would be through parent and teacher workshops where such skills as contingency management could be taught.[2] We obtained from the teachers information regarding free time activity of children (cf. Balk, 1977, Table 42). Such information ascertains general categories of reinforcing activities that can be used to manage classroom, school or home discipline problems - as well as to shape or build the presence of desired behaviors.

It is important to determine behavioral strengths which children have despite being reared in stressful environments. These environments, which are often the products of social systems which reinforce poverty, would lead one to expect behavioral disturbances within their children. One would not expect behavioral strengths. However, Flaste (1977) has pointed out that research into children at risk has surprisingly begun to identify children with social competence, emotional strength, and unusual academic success in school.

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[2]Contingency management involves procedures whereby certain consequences are made dependent upon the performance of certain behaviors. A desired consequence is a "positive contingency" whereas an undersirable consequence is a "negative contingency." Parents use the contingency management principle quite frequently, for example, "when you clean your room you can play with Tommy," or "if you scream one more time, I'll put you in a corner." An excellent discussion of contingency management is provided by Blackham and Silberman (1975).

One question being asked involves how the "invulnerable children" learned this adaptive behavior. A second question is whether other behaviors, which would be noticed through sensitivity to and understanding of persons from different cultural, socioeconomic, and/or ethnic backgrounds, are being overlooked.

Children in the Phoenix South Catchment Area seem to have expressed difficulty succeeding in the school system. For instance, U.S. Census Data (Bureau of the Census, 1972) indicated that in 1970 the median school years completed in Phoenix South was 9.7, as compared to 12.3 for the City of Phoenix. The median number of school years completed for Spanish speaking/ surnamed persons in the Phoenix South area was 8.1, and only 15.3% of the Spanish speaking/surnamed had completed high school. Such figures indicate that interventions to prevent dropouts are clearly needed.

Two proposals strike the author as pertinent in this regard:

1. To investigate early indicators of dropping out and to compare these indicators with behaviors present among fifth grade children.

2. To look at the problems created for teachers in a multi-lingual, cultural, and ethnic area. The author has already undertaken the suggestions regarding indicators of dropping out of school. The second proposal is discussed briefly below in terms of adult models.

Demographic data gained in the teacher survey indicate that very few Mexican-American adults teach fifth grade (See Table 6). In addition, one elementary school district which serves a major porton of the Phoenix South Catchment Area has a Mexican-American enrollment of 25.7% compared to a faculty of less than 5% Mexican-Americans.

Table 6 indicates that 18% of the teachers are Black. 1975 City of Phoenix Census Data (Bureau of the Census,1976) indicate that Blacks comprise nearly 24% of the children of fifth grade age. Furthermore, the elementary school district mentioned above has a 34% Black enrollment, whereas 22% of its

faculty are Black.

From these data one can infer that children who are Black and children who are Mexican-American have few models from their ethnic groups teaching in schools. This inference leads to another, namely 60% of the students are taught by a faculty which needs to cross ethnic, cultural, and very likely language barriers to fully understand and reach their pupils.

This author believes these teachers carry an important responsibility and are in a position of critical service to their sutdents. It has already been mentioned that the fifth graders are at a crucial age in regard to interventions being made with behavioral difficulties (See pp.5; 35). Behavioral health problems need not be the only focus of such interventions. Teachers who can reach and understand pupils may be in a position to prevent drop-outs. Of course, the full burden for such intervention is not being placed on teachers. Teachers are perceived, however, to be in key positions to provide help for children, if only to make referrals for children perceived to be in difficulty.

Teachers may be taught, moreover, certain behavioral skills to augment direct intervention with children. Some of these skills would involve behavior modification principles such as modeling, contingency management, and positive reinforcement. It is clear that many problems of the children in school would be amenable to behavioral principles. For example, the teachers indicated the children tease, lack motivation, and hide their feelings. Contingency management and other behavior modification approaches can extinguish these behaviors and replace them with desirable behaviors. We have information from other studies about what reinforcers could be used with children from different ethnic backgrounds (Hosford and Bowles, 1974). In addition, we gained information

about free time activity, as mentioned previously. The data and technology are available; it would appear that teachers are asking for consultation along the lines indicated.

A number of responses to the survey suggest the schools would be receptive to well-conceived consultation programs or even direct services to children. Some consultation programs that readily come to mind would be sessions on child development for both teachers and parents,[3] sessions on parenting skills for parents, sessions on communication skills for teachers vis-a-vis parents and/or children, and sessions on cultural differences for teachers.

The schools have indicated to the Center their need for direct services for children. In 1976 ten school districts could readily identify 211 children with emotional handicaps who needed referral to a partial care program. The schools estimated the average length of treatment to be between six months and three years, and well over 40% of the children were estimated to need treatment for at least 2 1/2 years. These figures do not take into account the private schools, whose principals and teachers have expressed great interest in services for some moderately or severely maladapted children.

A survey of school administrators in the Fall of 1975 confirmed the schools's need for and desire for assistance with problems of the children. Ninety per cent of the school districts expressed interest in such services as screening, evaluation, counseling (individual, group, and family), vocational rehabilitation, outreach programs, and inservice training.

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[3] Knowledge of child development seems to be needed in the area of what intimidates children (See Balk, 1977, Table 38, p.42). Only 70% of the teachers responded to a question about what intimidates children, and six of those persons said "I don't know."

The author would like to see two developments take place in response to this research. One, there seem great benefits to be gained should Center staff, especially those charged with delivery of children's services, be brought together to discuss the clinical implications of the survey's data. Such discussions could lead to program planning, both for direct services and indirect services, including further research suggested by the data.

Two, the author would like to see certain Center staff write critical reactions to the survey. Such staff would surely be clinical directors, therapists designated to provide family and children's services, and administrators. In addition, persons from outside the Center could be invited to write critical reactions to this project. Such persons could include the former Director of Research who initiated the project, school administrators and teachers, community residents and professionals who were contacted early in the planning stages and who identified behavioral symptoms most indicative of Phoenix South Catchment Area children with problems.

These persons could address numerous issues, for example, further discussion of some findings in the survey, critiques of the author's assumptions, suggestions regarding further research, and ethnic-specific issues missed and/or misunderstood by the author. This project has been mentioned to a few Center personnel and has met with some approval and encouragement. The author would like to gather the essays into a single report to be distributed throughout the Center.

The author sees much to be gained by discussing the findings of this report concerned with strength items and life situation items (See pp.45-51; 55-57). Perhaps discussion could center not only on how to identify strengths but also on the means to promote such behavior in children. Key persons in promoting

such behaviors would surely need to be identified.

The attitudes of Mexican-Americans regarding the family could be explored. For instance, on the item "How many children miss school due to family problems," all four Mexican-American teachers said such behavior was wrong. This response was significantly associated with only the Mexican-American teachers. It has been thought by some persons that family concerns are matters of top priority for persons of the Mexican-American culture. Perhaps the teachers were responding as teachers with a focus on school and classroom needs. However, they did not call "missing school" or "unexplained absences from school" wrong or problems. Perhaps the teachers were responding with concern for problems in the family, which "experts" say is of utmost importance for a Mexican-American.

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APPENDIX

TABLE 1

Survey Items Asked of Parents, Neighbors, and Teachers
About
10 Year Old Children They Know

1. How many say thanks and express appreciation?
2. How many offer to help other children?
3. How many share possessions with others?
4. How many frighten others?
5. How many have trouble showing feelings?
6. How many say such things as "I won't," "You can't make me, or I don't have to?"
7. How many understand quickly when shown how to do something?
8. How many enjoy praise or thanks from others?
9. How many know right from wrong?
10. How many seem to destroy property on purpose?
11. How many start fires or play with matches?
12. How many drink alcoholic beverages?
13. How many steal or take things or borrow them without the owner's permission?
14. How many defend themselves against unfair criticism or mistreatment from other children?
15. How many have trouble getting along with other children?
16. How many have crying spells?
17. How many fight with other children?
18. How many seem not to have friends?
19. How many seem to be sad?
20. How many show little interest in doing things?
21. How many seem to be good natured?
22. How many become unmanageable or hard to control?
23. How many seem unable to do one thing for any length of time?
24. How many have trouble getting along with adults at school?
25. How many express thoughts and ideas in a sensible way?
26. How many seem to play well with others?
27. How many seem nervous to you?
28. How many have trouble getting along with parents?
29. How many have trouble eating?
30. How many bother or annoy other people?
31. How many have a sense of humor?
32. How many can be trusted with responsibilities?
33. How many express affection or friendship to others?

TABLE 2

Ethnic Differences In Response to Behavioral Symptom Items

Symptom	Anglo (90)	Black (35)	Mexican-American (41)	Other
Frighten other children	This is wrong*			
Trouble showing feelings	Some or a few	One or two or none*	Some or a few	Some or a few
Defiance	This is wrong*	Not a problem*		
Stealing	Some or a few*	One or two or none	One or two or none	One or two or none
Trouble getting along with other children	A problem for worry or dislike*			
Depression	Some or a few*	One or two or none	Some or a few*	One or two or none
Little interest in doing things	A problem for worry or dislike*			
Unable to do one thing for a length of time	A problem for worry or dislike*			
Bother or annoy other people	A problem for worry or dislike*			

* Difference of response to that of other ethnic groups, $p < .05$.

TABLE 3

Ethnic Differences In Responses To Behavioral Strength Items

Strength	Anglo (90)	Black (35)	Mexican-American (41)	Other (28)
Express appreciation	Some or a few	Most or many*	Some or a few	Some or a few
Know right from wrong	Most or many	Most or many	Some or a few*	Most or many
Defend self against unfair criticism	Most or many	Most or many	Some or a few*	Most or many
Good natured	Most or many	Most or many	Some or a few*	Most or many
Sense of humor	Most or many	Most or many	Some or a few*	Most or many

* Difference of response to that of other ethnic groups, $p < .05$.

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TABLE 4

Variation In Responses Based
On
Teacher, Parent, and Neighbor Grouping of Subjects

Item	Teachers (72)	Parents (70)	Neighbors (54)
Express thanks and appreciation	Some or a few	Most or many**	Some or a few
Offer to help other children	Most or many	Most or many	Some or a few**
Frighten other children	Some or a few	One or two or none*	Some or a few
Defiance	One or two or none**	Some or a few	Some or a few
Understand quickly	Some or a few**	Most or many	Most or many
Destroy property	Some or a few	One or two or none**	Some or a few
Steal	Some or a few	One or two or none**	Some or a few
Defend self against unfair criticism	Most or many	Most or many	Some or a few**
Trouble getting along with other children	Some or a few	One or two or none*	Some or a few
Crying spells	One or two or none**	Some or a few	Some or a few
Physical fights with other children	Some or a few	One or two or none*	Some or a few
Unmanageable or hard to control	One or two or none**	Some or a few	Some or a few
Trouble getting along with adults at school	One or two or none	One or two or none	Some or a few**
Express thoughts and ideas in a sensible way	Most or many	Most or many	Some or a few**
Able to be trusted with responsibilities	Most or many	Most or many	Some or a few**

*P < .05
**P < .01

TABLE 5

Types of Behaviors on Which Two Groups of Adults Agree

Regarding the Fequency of Occurrence in Children

Type of Behavior	Teachers/ Parents	Teachers/ Neighbors	Parents/ Neighbors
Strength	4	0	2
Symptom	1	6	2

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TABLE 6

Ethnicity of Respondents

	Parents and Neighbors		Teachers	
	N	%	N	%
Anglo	49	39.5	44	61.1
Black	22	17.7	13	18.1
Mexican-American	35	28.2	4	5.5
Other	10	8.1	10	13.9
Unknown	8	6.5	1	1.4
	124	100.0	72	100.0

TABLE 7

Sex of Respondents

	Parents and Neighbors [a]		Teachers	
	N	%	N	%
Male	215	50.2	25	34.7
Female	213	49.8	46	63.9
No answer	0	0	1	1.4
	428	100.0	72	100.0

a. Sex obtained for every person in household.

TABLE 8

Age of Respondents

	Parents and Neighbors [a]		Teachers	
	N	%	N	%
Less than 20	247	57.7	0	0
20 - 25	37	8.1	7	9.7
26 - 35	52	12.1	15	20.8
36 - 45	28	6.5	17	23.6
46 - 55	36	8.5	20	27.8
More than 55	25	5.8	12	16.7
No answer	3	0.7	1	1.4
	428	100.0	72	100.0

a. Age obtained for every person in household.

TABLE 9

Rank Order of Occurrence[a] of Symptoms
As Given by Parents and Neighbors[b]

	Very Frequently	Sometimes	Rarely
Defiance	1 (1)	11 (9)	19 (21)
Trouble with feelings	2 (8)	15.5 (3.5)	13 (16)
Overactivity	3 (6.5)	6 (7.5)	20 (17)
Little interest in doing things	4 (9.5)	10 (7.5)	17 (10.5)
Crying spells	5 (18.5)	8 (12)	17 (6.5)
Acting out	6 (2)	13 (3.5)	10.5 (18.5)
Fighting with children	7 (3)	1.5 (6)	21 (15)
Nightmares	9 (14)	13 (19)	10.5 (20)
Unmanageable	9 (5)	4 (11)	17 (8)
Trouble getting along with other people	9 (14)	6 (1)	14.5 (10.5)
Trouble getting along with other children	12.5 (6.5)	1.5 (2)	14.5 (14)
Trouble getting along with adults at school	12.5 (11.5)	19.5 (15.5)	3 (18.5)
Trouble getting along with parents	12.5 (9.5)	13 (14)	12 (12.5)
Trouble eating	12.5 (20)	18 (20)	5 (9)
No personal relationships	15 (21)	15.5 (21)	6 (1)
Destroying property	17.5 (4)	17 (5)	4 (12.5)
Stealing	17.5 (11.5)	3 (10)	7.5 (5)
Depression (sadness)	17.5 (16)	9 (15.5)	9 (3)
Nervousness	17.5 (14)	6 (13)	7.5 (6.5)
Starting fires	20.5 (17)	19.5 (17.5)	2 (4)
Drinking alcoholic beverages	20.5 (18.5)	21 (17.5)	1 (2)

[a] Rank #1 equals the symptom most mentioned for a specific frequency, and rank #21 equals the symptom least mentioned.

[b] Numbers in parentheses equal rank order given by neighbors

TABLE 10

Rank Order of Occurrence[a] of Strengths
As Given by Parents and Neighbors[b]

	Very Frequently	Sometimes	Rarely
Good natured, pleasant	1 (2.5)	15 (14)	8.5 (8)
Rational	2 (5)	12 (9.5)	12 (10.5)
Clear thinking	3.5 (6.5)	12 (11)	8.5 (6)
Cheerful, humorous	3.5 (6.5)	9.5 (9.5)	12 (10.5)
Poised	6 (4)	14 (13)	14.5 (12)
Cooperative	6 (2.5)	6.5 (12)	14.5 (13.5)
Responsible, dependable reliable	6 (13)	12 (2)	8.5 (4)
Affectionate	8 (10)	8 (3.5)	8.5 (13.5)
Sociable	9 (1)	9.5 (15)	5.5 (15)
Intelligent	10 (9)	6.5 (7.5)	5.5 (8)
Appreciative	11 (12)	3 (1)	12 (3)
Confident	12 (8)	5 (7.5)	4 (8)
Friendly, generous	13 (11)	2 (5)	2.5 (5)
Helpful, considerate	14 (14)	1 (3.5)	2.5 (2)
Wide interests	15 (15)	4 (6)	1 (1)

[a] Rank #1 equals the strength most mentioned for a specific frequency, and rank #15 equals the strength least mentioned.

[b] Numbers in parentheses equal neighbors' rank orders

TABLE 11

Rank Order of Evaluation[a] Given to Symptoms by Parents and Neighbors[b]

	Strength/Good	Problem	Wrong
Defiance	15.5 (14)	8 (11)	6 (1.5)
Trouble with feelings	10 (6.5)	2 (7)	13.5 (13.5)
Overactivity	13 (16.5)	6 (13)	13.5 (15)
Little interest in doing things	4.5 (3)	11 (15)	19.5 (13.5)
Crying spells	21 (16.5)	7 (12)	9 (17)
Acting out	18 (20)	11 (2.5)	2 (4)
Fighting with children	19 (11)	3 (6)	4.5 (6)
Nightmares	20 (21)	14 (18.5)	19.5 (20)
Unmanageable	17 (14)	1 (1)	7 (8)
Trouble getting along with other people	13 (9.5)	9 (5)	9 (7)
Trouble getting along with children	11 (12)	11 (2.5)	13.5 (17)
Trouble getting along with adults at school	3 (18.5)	18.5 (16)	16.5 (9)
Trouble getting along with parents	4.5 (14)	16 (9.5)	13.5 (11)
Trouble eating	7 (6.5)	13 (20)	16.5 (19)
No personal relationships	1.5 (1)	18.5 (21)	19.5 (21)
Destroying property	8.5 (18.5)	16 (4)	3 (1.5)
Stealing	8.5 (8)	16 (14)	1 (3)
Depression (sadness)	13 (5)	4.5 (9.5)	19.5 (12)
Nervousness	15.5 (9.5)	4.5 (9.5)	11 (17)
Starting fires	6 (4)	20 (17)	4.5 (5)
Drinking alcoholic beverages	1.5 (2)	21 (18.5)	9 (10)

[a] Rank #1 equals the symptom most mentioned for a specific evaluation, and rank #21 equals the symptom least mentioned.

[b] Neighbors' rank order in parentheses.

TABLE 12

Rank Order of Evaluation[a] Given to Strengths by Parents and Neighbors[b]

	Strength/Good	Problem	Wrong
Good natured, pleasant	7.5 (4)	12 (12)	12.5 (10)
Rational	9.5 (10)	5 (5)	8 (1)
Clear thinking	3.5 (7)	12 (6.5)	12.5 (13)
Cheerful, humorous	2 (3)	9.5 (13.5)	12.5 (14)
Poised	7.5 (6)	15 (15)	8 (10)
Cooperative	5 (1)	7 (10.5)	8 (8)
Responsible, dependable, reliable	1 (13)	9.5 (8.5)	5 (10)
Affectionate	3.5 (5)	14 (8.5)	12.5 (12)
Sociable	9.5 (2)	8 (13.5)	12.5 (14.5)
Appreciative	6 (14)	12 (2)	5 (5)
Intelligent	13 (9)	4 (6.5)	5 (7)
Confident	14.5 (12)	1 (4)	1.5 (5)
Friendly, generous	14.5 (8)	2 (10.5)	1.5 (2)
Helpful, considerate	11.5 (11)	6 (3)	3 (3)
Wide interests	11.5 (15)	3 (1)	12.5 (5)

[a] Rank #1 equals the strength most mentioned for a specific evaluation, and rank #15 equals the strength least mentioned.

[b] Neighbors' rank order in parentheses.

TABLE 13[a]

Symptom Items and Teachers' Judgments About Those Behaviors

Symptom	Strength	Problem	Wrong	No Concern
Frighten others	–			
Trouble with feelings		+		
Defiance	–	+		
Destroy property	–	+		
Start fires				
Drinks alcohol				
Steal				
Trouble getting along with other children				
Crying spells				+
Physical fights	–			
No friends		+		
Depressed		+		
Little interests	–	+		
Unmanageable	–			
Unable to do one thing for any length of time	–	+		
Trouble getting along with adults at school		+		
Nervous		+		
Trouble getting along with parents				
Trouble eating				
Bother or annoy other people		+		
Sniff glue or paint				
Use hard drugs				
Smoke marijuana				
Miss school because of family problems	–	+	+	
Unexplained absences from school		+		
Evidence of being abused		+		
Exposing self			+	
Unusually hesitant to contact others				
Get other children in trouble	–	+		
Isolate self from others				
Sudden, unpredictable activity		+		
No response when talked to				
Burst into tears when approached		+		
Won't stay seated for extended time		+		
Language difficult to understand				+

[a] A minus sign (-) indicates the judgment negatively correlated at a significant level with how often the behavior was said to occur.

A plus sign (+) indicates the judgment positively correlated at a significant level with how often the behavior was said to occur.

TABLE 14[a]

Strength Items and Teacher's Judgments About Those Behaviors

Behaviors	Strength	Problem	Wrong	No Concern
Says thanks and expresses appreciation	+	–	–	
Offers to help other children	+	–		
Shares possessions with others	+	–		–
Intelligent	+	–		–
Enjoy being praised or thanked	+	–	–	
Know right from wrong	+	–	–	
Defend self against unfair criticism	+	–		
Good natured		–		
Clear thinking		–		
Play well with other children	+	–	–	–
Sense of humor	+	–		–
Responsible	+	–	–	
Affectionate, friendly	+	–		
Stand up for rights	+	–	–	
Talk positively about self	+	–	–	
Confident	+	–	–	
Stand up for rights while respecting the rights of others	+		–	

[a] A minus sign (–) indicates the judgment negatively correlated at a significant level with how often the behavior was said to occur.

A plus sign (+) indicates the judgment positively correlated at a significant level with how often the behavior was said to occur.

TABLE 15

Symptom Items Not Answered by 70% of the Teachers

Symptom	"I don't know"	Not Answered
Start fires or play with matches	49	0
Drink alcoholic beverages	45	0
Have trouble getting along with parents	29	1
Have trouble eating	25	1
Sniff paint or glue	54	0
Use hard drugs	54	2
Smoke marijuana	54	0
Expose themselves	29	1

TABLE 16

Teachers' Responses to Life Situation Items

	Most or Many	One or two or none	Strength	Problem or Wrong
Parental interest in child	51	1	58	19
Parental interest in child's education	48	1	43	11
Treatment for disorder	1	49	30	26
Medical Evaluation	36	14	50	7
Good physical health	70	0	72	1
Evidence of child abuse	0	57	19	54

TABLE 17

Responses to Symptom Items
Linked to Ethnicity of Teachers

Symptom	Anglo (44)	Black (13)	Other (15)
Has trouble showing feelings	One or two or none	One or two or none	Some or a few* "Wrong"
Defiance		Not a problem*	None of the above*
Stealing	Some or a few	One or two or none* Not a problem* None of the above*	Some or a few
Crying spells	Some or a few*	One or two or none	One or two or none
No friends	Some or a few	One or two or none* Not a problem for worry or dislike*	Some or a few
Sad (depressed)	Some or a few	One or two or none*	Some or a few
Trouble getting along with adults at school		Not a problem* Doesn't matter* None of the above*	Wrong*
Nervous	Some or a few	One or two or none* None of the above*	Some or a few
Bothers other people	Some or a few	One or two or none* Not a problem*	Some or a few

*$p < .05$.

TABLE 18

Responses to Strength Items Linked
to
Ethnicity of Teachers

Strength	Anglo (44)	Black (13)	Other (15)
Express affection	Some or a few	Some or a few	One or two or none* Wrong*
Offers to help other people	Some or a few	Some or a few	Most or many *

*p < .05

TABLE 19

Behavioral Symptoms
and
What They Accompany or Influence In Children

Symptom	Childhood Outcomes
1. Defiance	Mexican-American children in child guidance clinics (Stoker and Meadow, 1974) Schizophrenia (O'Neal and Robins, 1958) 5-8 year old males diagonsed as psychopathological (Shechtman, 1970).
2. Little interest in doing things	Schizophrenia (O'Neal and Robins, 1958) Depression, typical of 6-8 year old female Mexican-American children in child guidance clinics (Stoker and Meadow, 1974)
3. Unmanageable behavior	Schizophrenia (O'Neal and Robins, 1958) Sociopathic personality (Robins, 1966)
4. Acting-out	Catch-all term describing maladjusted children ($P < .02$) (Glidewell, 1969)
5. Overactivity	Differentiates maladjusted from adjusted children ($P < .02$) (Glidewell, 1969) Behavior commonly used to describe Mexican-American children in child guidance clinics (Stoker and Meadow, 1974)
6. Trouble with feelings	A problem for Black lower socioeconomic level children (Kellam, Branch, Agrawal, and Ensminger, 1975) A problem for 25 per cent of Anglo lower socioeconomic level children in child guidance clinics (Connors, 1970)